

State Bank &
Trust Co

VISA BUSINESS CREDIT CARD APPLICATION

Incomplete information may cause delays. Please complete in full.
Fax to 816.843.2485 or email to corebankcommercialcard@umb.com
or mail to Card Services PO Box 410436, Kansas City, MO 64141

Branch	Associate Name	ID No.
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It's easy to Apply.

NOTE: In accordance with the USA PATRIOT Act, we ask for certain information about you for the purpose of verifying your identity. Please ask a Bank representative for details.

This Business Credit Card Application is subject to your agreements and representations included on page 2 of this document. (SPA 4889/1500/4570)

BUSINESS INFORMATION	Legal Business Name		Company Name to Appear on Card		Federal Tax ID Number	
	Physical Business Street Address (Include Number, Street, City, State and Zip Code. Do not use PO Box.)					
	Mailing Address (if different from Physical Address, above)				Website Address (URL)	
	Number of Employees	Number of Locations	State Where Organized	Business Phone Number ()	Date Business Established	State Established
	Description of Business					
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation or Subchapter S Corp. <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Not-for-Profit/Govt.						
BUSINESS FINANCIAL INFORMATION	Primary Bank		Average Checking Account Balance \$	Total Business Assets \$	Total Business Liabilities \$	
	Gross Annual Sales Revenue (Last Year) \$		Net Profit for Last Fiscal Year \$	Total Monthly Loan Payments \$	Total Business Net Worth \$	
	Has business operated at a loss for any of the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: \$; Year(s) ; Cumulative? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Does the business or any owner owe any taxes from prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: \$; Year(s) ; Cumulative? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Has the business or any of its owners declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe on a separate sheet, <input type="checkbox"/> attached.					
Is the business or any owner currently involved in a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe on a separate sheet, <input type="checkbox"/> attached.						
PERSONAL INFORMATION ON BUSINESS OWNERS (GUARANTORS)	Please provide the following information on all owners (20% or more) of the business. All business owners must sign this Application. Please complete an Addendum for Business Owners form if more than 2 owners exist. <input type="checkbox"/> Check here if Addendum for Business Owners is attached.					
	Name:		Social Security No.:		Position:	
	Address:		Date of Birth:		Owner Since:	
	E-mail:		Total Personal Net worth: \$		Business Ownership: %	
	Phone:		Annual Salary: \$		Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent	
		Other Income*: \$		Monthly Pmt: \$		
Name:		Social Security No.:		Position:		
Address:		Date of Birth:		Owner Since:		
E-mail:		Total Personal Net worth: \$		Business Ownership: %		
Phone:		Annual Salary: \$		Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent		
		Other Income*: \$		Monthly Pmt: \$		
*Alimony, child support, or separate maintenance income need not be disclosed if you do not wish it to be considered as basis for repaying your obligations to us.						
CARD OPTIONS AND ACCOUNT SETUP	Credit Limit Requested \$		<input type="checkbox"/> Check here if this is a request to increase the limit on an existing account.		<input type="checkbox"/> Revolving Credit (available for aggregate credit lines under \$25,000)	
			<input type="checkbox"/> Pay in Full Monthly			
	Check A or B: <input type="checkbox"/> (A) Individual Billing (Each Individual cardholder will receive a separate bill and be allowed to accrue and redeem points.)					
	<input type="checkbox"/> (B) Consolidated Billing (Activity for all individual cards will appear on one statement for which you will submit one payment.)					
	Check C, if desired: <input type="checkbox"/> (C) Rewards Program (\$50 Annual Fee applies. See disclosure for details.)					
NAMES OF INDIVIDUALS TO BE ISSUED CARDS						
Please complete an Addendum for Business Owners form if more than four cards are requested. <input type="checkbox"/> Check here if Addendum for Business Owners is attached.						
Name of Employee (Print Only)		Title		Used to verify Cardholder Identity		
				Last 4 Digits of SSN	Date of Birth	
					Individual Card Limit	
					\$	
					\$	
					\$	
					\$	
SUPPORTING DOCUMENTATION	With this completed and signed Visa Business Credit Card Application:					
	If the business is a <u>Not-for-Profit</u> , or the credit limit request is greater than \$25,000, then please provide the most recent Year-end Balance Sheet and Income Statement. Credit Lines over \$25,000 require an annual financial review.					
	If the business is a <u>Retailer</u> , then please provide a copy of the business's most recent Tax Return.					
If the business is <u>Less Than 2 Years Old</u> , then please provide a copy of the most recent Tax Return for each Owner who owns 20% or more of the business.						

VISA BUSINESS CREDIT CARD APPLICATION

YOUR AGREEMENTS AND REPRESENTATIONS GOVERNING THIS CREDIT CARD APPLICATION

INTENT OF THIS APPLICATION	<p>INTENT OF APPLICATION. The business entity (the "Company") identified on page 1 hereby requests UMB Bank, n.a., Kansas City, Missouri, or its successors or assigns ("UMB") to establish a credit card authority for the Company pursuant to which UMB will open one or more credit card accounts ("Account(s)") in the name of the Company and will issue one or more commercial credit cards or card numbers (each a "Card") to the Company and/or the employees or agents of the Company (collectively "Employees") to be used for Company related business, commercial or agricultural purposes. Each person who signs below or on a separate <i>Addendum for Business Owners</i> form on behalf of the Company represents that he or she is duly authorized by the Company to sign this Agreement and to bind the Company to the <i>Company's Agreement Concerning Card Issuance</i>, as set forth herein.</p>		
COMPANY'S AGREEMENTS CONCERNING CARD ISSUANCE	<p>COMPANY'S AGREEMENTS CONCERNING CARD ISSUANCE. If UMB approves Company's request, UMB will inform the Company of the amount of the Company's credit card authority. UMB will rely on the information provided in this form and any attached sheets regarding (a) the number of Accounts to open; (b) the requested credit limit for each Account; (c) the identity of Employees whose names are to be printed on Cards, in addition to the Company's name; (d) where to send copies of the monthly statements for each Account; and (e) other pertinent information. UMB will then issue Cards in accordance with the credit authority established for the Company. Subsequently, the Company shall give UMB notice of the same information for additional Employees authorized to use Cards, requested changes in credit limits for Accounts, and of termination by the Company of an Employee's authorization to use a Card. A termination notice should be accompanied by the Employee's Card, cut in half. UMB will not be obligated to recognize changes, additions, deletions or other information contained in a notice until after receiving the notice and having had a reasonable period of time thereafter to act thereon. Upon the issuance of Cards, as set forth herein, (i) the Company, by using or authorizing Employees to use Cards, will be deemed to be in agreement, and will comply with all of the terms and conditions stated in the Cardholder Agreement that will accompany the Cards; (ii) the Company will instruct Employees who use Cards to use them in accordance with this Agreement; (iii) the Company will pay when due all charges made to each Account; (iv) UMB may answer questions and give information to others concerning UMB's credit experience with the Company.</p> <p>The Company authorizes UMB to investigate the Company's creditworthiness and payment history and to otherwise verify the information contained in this form. The Company certifies that all information contained in this form is true and correct.</p>		
REQUIRED NOTICES	<p>REQUIRED NOTICE. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Office of the Comptroller of Currency (O.C.C.), Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston TX 77010-9050.</p>		
OFFICER / OWNER'S REPRESENTATIONS	<p>OFFICER / OWNER'S REPRESENTATIONS. Each Owner/Officer of the Business signing below or on a separate <i>Addendum for Business Owners</i> form certifies that: (1) the information provided in this Application with respect to the Business (including any attachments) is true, correct and complete in all material respects; (2) the personal information provided in this Application with respect to such Owner/Officer is true and correct; (3) the undersigned are authorized to submit this application on behalf of Business; and (4) UMB is hereby authorized, from time to time at its discretion, to check the credit history of Business and the personal credit and employment history of each person signing this application, and to answer questions about Bank's credit experience with Business and each such person.</p>		
GUARANTY	<p>GUARANTY. Each person signing below (a "Guarantor"), in his or her individual capacity (even though a title or other designation may be placed next to their signature) jointly and severally, unconditionally guarantees and promises to pay to UMB all indebtedness of the Company, identified above, at any time arising under or relating to any credit requested through this <i>VISA Business Credit Card Application</i>, as well as any extensions, increases or renewals of that indebtedness. Each Guarantor waives (i) presentment, demand, protest, notice of protest, and notice of non-payment; (ii) any defense arising by reason of any defense of the Company or other Guarantor, and (iii) the right to require UMB to proceed against the Company or any other Guarantor, to pursue any remedy in connection with the guaranteed indebtedness, or to notify Guarantor of any additional indebtedness incurred by the Company, or any changes in the Company's financial condition. Each Guarantor also authorizes UMB, without notice or prior consent, to (i) extend, modify compromise, accelerate, renew, increase or otherwise change the terms of the guaranteed indebtedness; (ii) proceed against one or more Guarantors without proceeding against the Company or another Guarantor; and (iii) release or substitute any party to the indebtedness or this guaranty. Each Guarantor agrees (i) to pay UMB's costs and attorney's fees in enforcing this guaranty; (ii) this guaranty shall benefit UMB and its successors and assigns; and (iii) an electronic or facsimile of Guarantor's signature, in any capacity, may be used as evidence of Guarantor's agreement to the terms of this guaranty. This is a guaranty of payment and not of collection and the Guarantor's liability hereunder shall be primary, direct and immediate. This Guaranty shall be governed by and construed in accordance with the laws of the State of Missouri.</p>		
SIGNATURES	<p>BY: _____ Signature as Authorizing Officer of Business and as Guarantor Printed Name Date Signed</p> <p>BY: _____ Signature as Authorizing Officer of Business and as Guarantor Printed Name Date Signed</p>		
Bank Use Only:	<p>Branch Number _____ Associate _____</p> <p>Company's Aggregate Outstanding Credit of all cards issued not to exceed \$ _____</p>		

**ORGANIZATION RESOLUTION AND AGREEMENT
FOR CREDIT CARD PROGRAM**

_____, who is the undersigned Recordkeeper for _____, (the "Organization"), a _____ (type of entity) organized under the laws of _____ (state), does hereby certify:

1. That he/she is the Secretary or Assistant Secretary, or an officer, partner, owner, principal, manager, member or other person having lawful custody of the official records of the above Organization (the "Recordkeeper") and is authorized to provide this document to UMB Bank, n.a. ("Bank").
2. That at a meeting of the governing body of the Organization duly held on _____ (date) and at which a quorum was present and acting throughout, or pursuant to the unanimous written consent of its members, the following Resolution and Agreement was duly adopted and approved and is currently in full force and effect, and has not been amended or rescinded:

RESOLVED, that a credit card authority for this Organization be established by the Designated Officer named in the section immediately below with UMB Bank, n.a., and that separate accounts and credit cards ("Cards") under said authority be opened and issued by Bank in the name of this Organization for use by employees and agents of this Organization who are identified from time to time by the Designated Officer, or by any successor to the Designated Officer identified from time to time by the Recordkeeper (or by the successor to the Recordkeeper), and that the Organization authorizes the use of the Cards in accordance with the Cardholder Agreement that is sent by Bank with the Cards; and

RESOLVED FURTHER, that _____ is the Designated Officer referred to in the above section of this Resolution, and that the Designated Officer or any successor to the Designated Officer designated in writing by the Recordkeeper (or by a successor Recordkeeper) may from time to time: request that Cards be issued in the name of this Organization; request that the credit limits and purchase controls be changed on existing Cards issued in the name of this Organization; designate additional persons authorized to use Cards issued by Bank in the name of this Organization; request termination of use of existing Cards; and communicate other pertinent information to Bank; and

RESOLVED FURTHER, that the forgoing resolution shall remain in full force and effect until written notice of an amendment or rescission thereof is delivered to and received for by Bank; and

RESOLVED FURTHER, that the Recordkeeper be and he/she is hereby authorized and directed to certify to Bank this resolution and that the Recordkeeper signing this Resolution and Agreement or any person designated in writing by the Recordkeeper, is authorized to certify to the Bank the names and signatures of persons authorized to act on behalf of the Organization under the foregoing Resolution and Agreement, and from time to time hereafter, as additions to or changes in the identity of said Recordkeeper are made, such Recordkeeper or designee shall immediately report, furnish and certify such changes to the Bank, and shall submit to Bank a new incumbency certificate or other document reflecting such changes in order to make such changes effective; and

RESOLVED FURTHER, that the foregoing resolution was adopted in accordance with the governing documents of the Organization, and that such resolution is now in full force and effect.

IN WITNESS WHEREOF, the undersigned Recordkeeper has subscribed his or her name and, if appropriate or required, applied the seal of the Organization to this Resolution and Agreement as of this _____ day of _____, _____.

RECORDKEEPER
Signature by Secretary, Assistant Secretary, or other Person certifying to this Resolution and Agreement

ADDITIONAL OFFICER
Signature by Second Person, certifying to incumbency of Recordkeeper

Signature
Name (print): _____
Title (print): _____

Signature
Name (print): _____
Title (print): _____

Affix Seal, if required by Organization's governing documents.

Guidelines for Completion for Customers that are U.S. legal entities:

- Corporation: The Recordkeeper signing above should be the corporate secretary or assistant secretary. The second person may be the Chairman, President, CEO, a Board member, the Treasurer or the CFO.
- Partnership, Limited Liability Partnership, Limited Liability Company, or Sole Proprietor: All general partners, all members, or the sole proprietor must sign this form, unless Organization's governing documents specify that a manager, managing general partner or other person may act. In any event, a second general partner or member must sign in the second place. Sole proprietors do not require a second signature.
- Governmental Entity: The Treasurer must sign in the first place, unless the Organization's charter specifies otherwise. The entity's Chairperson, Vice Chairperson, or Counsel must sign in the second place.

Incomplete information may cause delays. Please complete in full. Fax to 816.843.2485 – Commercial Card Dept.

Notice: In accordance with the USA PATRIOT Act, we ask for certain information about you for the purpose of verifying your identity. Please ask a Bank representative for details.

Legal Business Name	d/b/a Business Name (if applicable)	Federal Tax ID Number
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You may proceed to Section 2 if no additional business owners exist.

PERSONAL GUARANTY	<p>Each person signing below (a "Guarantor"), in his or her individual capacity (even though a title or other designation may be placed next to their signature) jointly and severally, unconditionally guarantees and promises to pay to UMB all indebtedness of the Company, identified above, at any time arising under or relating to any credit requested through this form, as well as any extensions, increases or renewals of that indebtedness. Each Guarantor waives (i) presentment, demand, protest, notice of protest, and notice of non-payment; (ii) any defense arising by reason of any defense of the Company or other Guarantor, and (iii) the right to require UMB to proceed against the Company or any other Guarantor, to pursue any remedy in connection with the guaranteed indebtedness, or to notify Guarantor of any additional indebtedness incurred by the Company, or any changes in the Company's financial condition. Each Guarantor also authorizes UMB, without notice or prior consent, to (i) extend, modify, compromise, accelerate, renew, increase or otherwise change the terms of the guaranteed indebtedness; (ii) proceed against one or more Guarantors without proceeding against the Company or another Guarantor; and (iii) release or substitute any party to the indebtedness or this guaranty. Each Guarantor agrees (i) to pay UMB's costs and attorney's fees in enforcing this guaranty; (ii) this guaranty shall benefit UMB and its successors and assigns; and (iii) an electronic facsimile of Guarantor's signature, in any capacity, may be used as evidence of Guarantor's agreement to the terms of this guaranty. This is a guaranty of payment and not of collection and the Guarantor's liability hereunder shall be primary, direct and immediate. This Guaranty shall be governed by and construed in accordance with the laws of the State of Missouri.</p>
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SECTION 1. ADDITIONAL BUSINESS OWNERS

<p>Please provide the following information on all owners (20% or more) of the business. All business owners must sign this Application. Please complete an <i>Addendum for Business Owners</i> form if more than 2 additional owners exist. <input type="checkbox"/> Check here if an additional <i>Addendum</i> is attached.</p>		
Name: Address: E-mail: Phone:	Social Security No.: Date of Birth: Total Personal Net worth: \$ Annual Salary: \$ Other Income*: \$	Position: Owner Since: Business Ownership: % Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent Monthly Pmt: \$
X Signature _____ Title _____ Date _____		
Name: Address: E-mail: Phone:	Social Security No.: Date of Birth: Total Personal Net worth: \$ Annual Salary: \$ Other Income*: \$	Position: Owner Since: Business Ownership: % Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent Monthly Pmt: \$
X Signature _____ Title _____ Date _____		
*Alimony, child support, or separate maintenance income need not be disclosed if you do not wish it to be considered as basis for repaying your obligations to us.		

The federal government requires all financial institutions to provide the following notice to commercial applicants with gross revenues of one million dollars or less.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Office of the Comptroller of Currency (O.C.C.), Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston TX 77010-9050.

Each Owner/Officer of the Business signing below certifies that: (1) the information provided in this Application with respect to the Business (including any attachments) is true, correct and complete in all material respects; (2) the personal information provided in this Application with respect to such Owner/Officer is true and correct; (3) the undersigned are authorized to submit this application on behalf of Business; and (4) UMB is hereby authorized, from time to time at its discretion, to check the credit history of Business and the personal credit and employment history of each person signing this application, and to answer questions about Bank's credit experience with Business and each such person.

SECTION 2. NAMES OF ADDITIONAL INDIVIDUALS TO BE ISSUED CARDS

<input type="checkbox"/> Check here if an additional <i>Addendum</i> is attached to request more individual cards to be issued.				
Name of Employee (Print Only)	Title	Used to verify Cardholder Identity		Individual Card Limit
		Last 4 Digits of SSN	Date of Birth	
				\$
				\$
				\$
				\$

BANK REFERENCE
To be completed by principal bank

Date _____

Business Name: _____ **Business Contact** _____

Credit Verification

Bank Name _____ Bank contact _____

Phone Number _____ *Address* _____

	Opening Date	Rating	Average Balance
Checking Acct			
Savings Acct			
CD/RA/MM Acct			
Other Account			

LOANS

Opening Date	High	Terms	Balance	Security	Rating